

1940

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

25031  
Do not use this space.

1. PLACE OF DEATH  
(a) County Dallas Registration District No. 241  
(b) Township N. Benton Primary Registration District No. 5-334  
(c) City Buffalo (d) Street No. \_\_\_\_\_ St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 1256

2. PRINT FULL NAME John Riley Huff  
(a) Residence, No. Buffalo mo 10 St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ethel Huff  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-28-1879  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 10 20  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. County clerk  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Long Lake Ind  
13. NAME John Riley Huff Sr.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton mo  
15. MAIDEN NAME Ellen Lynch  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton mo  
17. INFORMANT (ADDRESS) Ethel Huff Buffalo mo  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Lawn DATE 5-20 19. FUNERAL DIRECTOR (NAME) (ADDRESS) F. B. Jones Buffalo mo  
20. FILED 8-14-1940 Harry Morrow Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-18 1940  
22. I HEREBY CERTIFY That I attended deceased from 5-16-1940 to 5-18-1940  
I last saw him alive on 5-18-1940 Death is said to have occurred on the date stated above, at 11:30 p.m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Organic Heart Disease  
Date of onset 1940  
Other contributory causes of importance:  
Injury precipitated attack 5-16-40  
Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? usual Was there an autopsy? no  
23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide boating Date of injury 5-16-1940  
Where did injury occur? Del Rio Creek house  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. County Clerk's office  
Manner of injury Fell on concrete floor  
Nature of injury Bruised & sprained knee  
24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify: no  
(Signed) H. D. Hemmer M. D.  
(Address) Buffalo Mo

WRITE PLAINLY, WITH UNFADING INK.--THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important

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RECEIVED

District Health Officer No. 7,

District File Number 8-40-1225

Date Filed 8-16-40

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

\* If this body is not embalmed, above space should be left blank.